# P21000012560

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
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### COVER LETTER ..........

TO: Amendment Section Division of Corporations	
THE FLIPPIN B.A.M. BOYS CORP. SUBJECT:	
(Name of Corporat	ion)
DOCUMENT NUMBER: P21000012560	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
Travis Crabtree	
(Name of Person)	-
LEGALCORP SOLUTIONS, LLC	
(Name of Firm/Company)	-
3 Greenway Plaza #1320	
(Address)	-
Houston, TX 77046	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
LegalCorp Solutions, LLC 888 at (	534-3018
(Name of Person) (Area Code	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### **Mailing Address:**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ions 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned.	LEGALCORP SOLUTIONS, LLC	
	(Name of Registered Agent)	
hereby resigns as Registered Ager	THE FLIPPIN B.A.M. BOYS CORP.	
nereby resigns as registered riger	(Name of Corporation)	
P21000012560		
(Document Number, if known)		
A copy of this resignation was ma	ailed to the above listed corporation at its last known add	ess.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on which	:h
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
Travis Crabtree		
	(Typed or Printed Name)	
	<del></del>	
Member	1: 38	
	(Capacity)	

#### Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314